


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90008 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740735 ✓

1. Corporation Name
**YACHT CLUB ESTATES CMC ASSOCIATION OF ST. PETE
 RSBURG, INC.**

Principal Place of Business 7875 9TH AVE S ST. PETERSBURG FL 33707	Mailing Address 7875 9TH AVE S ST. PETERSBURG FL 33707
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2. Principal Place of Business 21 1216 79th St So Suite, Apt. #, etc. 22	2a. Mailing Address 26 1216 79th St So Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 11/09/1977
23 City & State St Petersburg, FL	28 City & State St Petersburg, FL	4. FEI Number NOT APPLICABLE Applied For Not Applicable
24 Zip 33707 25 Country USA	29 Zip 33707 30 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SAMUELS, SCOTT
 1216 79TH ST S
 ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAMUELS, SCOTT	
STREET ADDRESS	1216 79TH ST S	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RAHTER, WILLIAM R	
STREET ADDRESS	1074 79TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGHES, PATRICIA	
STREET ADDRESS	7909 9TH AVE. S.	
CITY-ST-ZIP	ST-PETERSBURG-FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KANE, SHIRLEY	
STREET ADDRESS	7957 10TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 727-347-8559
Date Daytime Phone #

CR2E037 (5/99)